

FY2009 BCCCP Unit Cost Reimbursement Rate Schedule

BCCCP Approved Services	FY2009 BCCCP Rate
1. Screening Mammogram (Bilateral)	
a. Global	77057 79.79
b. Technical/Facility Only	77057 - TC 46.27
c. Professional Only	77057 - 26 33.52
2. Diagnostic Mammogram (Unilateral)	
a. Global	77055 79.30
b. Technical/Facility Only	77055 - TC 45.78
c. Professional Only	77055 - 26 33.52
3. Diagnostic Mammogram (Bilateral)	
a. Global	77056 100.04
b. Technical/Facility Only	77056 - TC 58.56
c. Professional Only	77056 - 26 41.48
4. Digital Screening Mammogram (Bilateral)	
a. Global	G0202 79.79
b. Technical/Facility Only	G0202 - TC 46.27
c. Professional Only	G0202 - 26 33.52
5. Digital Diagnostic Mammogram (Unilateral)	
a. Global	G0206 79.30
b. Technical/Facility Only	G0206 - TC 45.78
c. Professional Only	G0206 - 26 33.52
6. Digital Diagnostic Mammogram (Bilateral)	
a. Global	G0204 100.04
b. Technical/Facility Only	G0204 - TC 58.56
c. Professional Only	G0204 - 26 41.48
7. Pap Test, Lab Component (in Bethesda System) - Read by Technician	88164 14.76
8. Pap Test – Rescreening, Lab Component (in Bethesda System) - Read by Technician	88165 14.76
9. Pap Test, Lab Component - Read by Pathologist	88141 14.76
10. Pap Test, Automated Thin Layer Preparation (Thin Prep) – Manual Screening	88142 28.31
11. Pap Test – Rescreening, Automated Thin Layer Preparation (Thin Prep) – Manual Screening	88143 28.31
12. Pap Test, Automated Thin Layer Preparation (Thin Prep) – Automated Screening	88174 28.31

FY2009 BCCCP Unit Cost Reimbursement Rate Schedule

BCCCP Approved Services	FY2009 BCCCP Rate
13. Pap Test – Rescreening, Automated Thin Layer Preparation (Thin Prep) – Automated Screening with Manual Rescreening 88175	28.31
14. HPV Typing 87621	49.04
15. Office Visit - New Patient Full Exam 99203 99204 99386 99387	99.15 99.15 99.15 99.15
16. Office Visit - New Patient Partial Exam 99201 99202	39.17 39.17
17. Office Visit, Established Patient Full Exam 99213 99214 99396 99397	63.73 63.73 63.73 63.73
18. Office Visit, Established Patient Partial Exam 99211 99212	21.16 21.16
19. Breast or Cervical Consultation 99241 99242 99243 99244	52.42 52.42 133.57 133.57
20. Colposcopy (Surgical Procedure Only) 57452	102.29
21. Colposcopy with Biopsy of the Cervix and Endocervical Curettage (Surgical Procedure Only) 57454	145.94
22. Colposcopy with Biopsy of the Cervix (Surgical Procedure Only) 57455	134.95
23. Colposcopy with Endocervical Curettage (Surgical Procedure Only) 57456	127.30

FY2009 BCCCP Unit Cost Reimbursement Rate Schedule

BCCCP Approved Services	FY2009 BCCCP Rate
24. Surgical Pathology, Breast or Cervical Biopsy - Level IV	
a. Global 88305	97.75
b. Technical/Facility Only 88305-TC	62.01
c. Professional Only 88305-26	35.74
25. Surgical Pathology, Breast or Cervical Biopsy - Level V	
a. Global 88307	192.29
b. Technical/Facility Only 88307-TC	115.66
c. Professional Only 88307-26	76.63
26. Fine Needle Aspiration of Superficial Breast Tissue, Not Using Imaging Guidance	
10021	123.76
27. Fine Needle Aspiration of Superficial Breast Tissue, Using Imaging Guidance	
10022	129.10
28. Fine Needle Aspiration, Breast Cyst (Surgical Procedure Only)	
19000	100.58
29. Fine Needle Aspiration, Each Additional Cyst	
19001	25.40
30. Breast Biopsy, Needle Core, Not Using Imaging Guidance (Surgical Procedure Only)	
19100	123.54
31. Breast Biopsy, Incisional	
19101	282.44
32. Breast Biopsy, Excisional, Needle Core, Using Imaging Guidance	
19102	202.07
33. Breast Biopsy, Excisional, Automated Vacuum Assisted or Rotating Biopsy Device, Using Imaging Guidance	
19103	517.74

FY2009 BCCCP Unit Cost Reimbursement Rate Schedule

BCCCP Approved Services	FY2009 BCCCP Rate
34. Breast Biopsy, Excisional a. Anesthesia services performed personally by anesthesiologist b. Medical supervision by a physician: more than four concurrent anesthesia procedures c. Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals d. CRNA service: with medical direction by a physician e. Anesthesiologist medically directs one CRNA f. CRNA service: (supervised) without medical direction by a physician	19120 00400-AA 00400-AD 00400-QK 00400-QX 00400-QY 00400-QZ
400.46	101.25 60.75 50.62 50.62 50.62 101.25
35. Breast Biopsy, Excision of Single Lesion Identified by Radiological Marker a. Anesthesia services performed personally by anesthesiologist b. Medical supervision by a physician: more than four concurrent anesthesia procedures c. Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals d. CRNA service: with medical direction by a physician e. Anesthesiologist medically directs one CRNA f. CRNA service: (supervised) without medical direction by a physician	19125 00400-AA 00400-AD 00400-QK 00400-QX 00400-QY 00400-QZ
441.67	101.25 60.75 50.62 50.62 50.62 101.25
36. Breast Biopsy, Excision of Each Additional Lesion	19126
151.30	
37. Pre-op Placement, Needle Localization Wire	19290
146.87	

FY2009 BCCCP Unit Cost Reimbursement Rate Schedule

BCCCP Approved Services	FY2009 BCCCP Rate
48. Cytopathology, Evaluation of Fine Needle Aspirate to determine Specimen Adequacy	
a. Global 88172	49.19
b. Technical Component 88172-TC	20.29
c. Professional Component 88172-26	28.90
49. Cytopathology, Interpretation and Report	
a. Global 88173	125.75
b. Technical Component 88173-TC	59.98
c. Professional Component 88173-26	65.77
50. Surgical Pathology, Consultation and Report	
88325	180.98
51. Pathology Consultation During Surgery	
88329	46.63
52. Pathology Consultation During Surgery, First Tissue Block, with Frozen Section(s), Single Specimen	
88331	84.65
88331-TC	27.24
88331-26	57.41
53. Pathology Consultation During Surgery, Each Additional Tissue Block with Frozen Section(s)	
88332	38.27
88332-TC	9.76
88332-26	28.51
54. Cytopathology, Selective Cellular Enhancement Technique with Interpretation (e.g., Liquid Based Slide Preparation Method), except Cervical or Vaginal **Cannot bill in conjunction with 88173**	
88112	101.97
88112-TC	47.33
88112-26	54.64
55. Case Management	
99499	50.00

FY2009 BCCCP Unit Cost Reimbursement Rate Schedule

Anesthesia Required Modifiers and Payment Calculation (Each claim line billing for anesthesia services must include one of the following modifiers. The modifier used will generate a calculated fee screen as described under "Payment Rate")	Payment Rate
AA - (3 ABUs + 2 Time Units) X \$20.25	100%
AD - (3 ABUs) X \$20.25	Flat rate of 3 ABUs, no time units
QK - (3 ABUs + 2 Time Units) X \$20.25	50%
QX - (3 ABUs + 2 Time Units) X \$20.25	50%
QY - (3 ABUs + 2 Time Units) X \$20.25	50%
QZ - (3 ABUs + 2 Time Units) X \$20.25	100%

*2006 Medicare Conversion Factor = \$20.25